

IN THE SPECIFICATION

Please amend the specification as follows:

At page 1, replace the first full paragraph beginning at line 3 with the following paragraph:

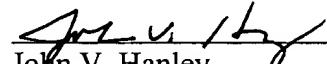
This application is based on U.S. Provisional Application No. 60/157,985 filed October 6, 1999.

REMARKS

This preliminary amendment is being filed to correct obvious errors in the parent application and is not introducing any new matter. This amendment includes revisions to the specification.

Respectfully submitted,

FULWIDER PATTON LEE & UTECHT, LLP


John V. Hanley
Registration No. 38,171

JVH/DGM
Howard Hughes Center
6060 Center Drive, Tenth Floor
Los Angeles, CA 90045
Telephone: 310-824-5555
Facsimile: 310-824-9696

[196273.1]



PATENT
ENDOV-54176

DEVICE AND METHOD FOR STAGED IMPLANTATION OF A GRAFT FOR VASCULAR REPAIR

This application is a continuation-in-part of U.S. Provisional Application No. 60/157,985 filed October 6, 1999.

5

FIELD OF THE INVENTION

10

The present invention relates to intraluminal grafts and their attachment systems which are used for repairing defects in vessels and other lumens within the body. More particularly, the present invention relates to systems for forming linear and bifurcated grafts and to methods for delivering such grafts and their attachment systems to the correct position within the defective body lumen by staged implantation.

15

BACKGROUND OF THE INVENTION

Aneurysms are discrete dilations of the arterial wall. One of the most common, and among the most life threatening, is an aneurysm of the abdominal aorta between the renal and iliac arteries. If untreated, the aneurysm dilates progressively with an ever increasing risk of rupture and hemorrhagic death.

20

One method of treatment is provided by direct surgical intervention, in which the defective vessel may be bypassed or replaced using a prosthetic device such as a synthetic graft. The risks involved in direct surgical intervention of this magnitude are great, and include an extensive recovery period.

25

In recent years a less invasive method of treatment has evolved through a series of inventions. The details vary, but, conventionally, a resilient tubular conduit (herein referred to as a "graft") is introduced into the defective vessel by means of catheters introduced into the femoral artery, and is attached to the non-dilated arteries above and below the aneurysm using expandable metallic or plastic cylinders (herein referred to as "attachment systems").

However, the use of generally cylindrical grafts to reinforce vascular walls in a patient is not without problems. The known methods for delivering grafts to

TC 3700 MAIL ROOM
FEB 20 2001

RECEIVED